

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete If Known</b>	
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2009</h2>		Application Number	09/445,289-Conf. #9774
		Filing Date	May 11, 2000
		First Named Inventor	Galina V. Mukamolova
		Examiner Name	S. J. Devi
		Art Unit	1645
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	60261(49946)
<b>TOTAL AMOUNT OF PAYMENT</b>		(S)	585.00

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account            Deposit Account Number <u>04-1105</u> Deposit Account Name <u>Edwards Angell Palmer &amp; Dodge LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>																					
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																					
	FILING FEES		SEARCH FEES		EXAMINATION FEES																
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity																
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>														
Utility	330	165	540	270	220	110	_____														
Design	220	110	100	50	140	70	_____														
Plant	220	110	330	165	170	85	_____														
Reissue	330	165	540	270	650	325	_____														
Provisional	220	110	0	0	0	0	_____														
							<b>Small Entity</b> <b>Fee (\$)</b>														
<b>2. EXCESS CLAIM FEES</b>							<b>Fee (\$)</b>														
<b>Fee Description</b>							<b>Fee (\$)</b>														
Each claim over 20 (including Reissues)							52														
Each independent claim over 3 (including Reissues)							220														
Multiple dependent claims							390														
							195														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Total Claims</b></td> <td style="width: 20%;"><b>Extra Claims</b></td> <td style="width: 20%;"><b>Fee (\$)</b></td> <td style="width: 20%;"><b>Fee Paid (\$)</b></td> <td style="width: 20%;"><b>Multiple Dependent Claims</b></td> <td style="width: 20%;"><b>Fee (\$)</b></td> <td style="width: 20%;"><b>Fee Paid (\$)</b></td> </tr> <tr> <td>26</td> <td>- 40 or HP</td> <td>x</td> <td>=</td> <td></td> <td></td> <td></td> </tr> </table>							<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	26	- 40 or HP	x	=				
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>															
26	- 40 or HP	x	=																		
HP = highest number of total claims paid for, if greater than 20																					
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	- 3 or HP	x	=																		
HP = highest number of independent claims paid for, if greater than 3.																					
<b>3. APPLICATION SIZE FEE</b>																					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																					
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<b>4. OTHER FEE(S)</b>																					
Non-English Specification, \$130 fee (no small entity discount)							180.00														
Other (e.g., late filing surcharge): 2252 Extension for response within second month (one month previously paid)							180.00														
2801 Request for continued examination (RCE) (see 37 ...)							405.00														

<b>SUBMITTED BY</b>			
Signature	/Melissa Hunter-Ensor, Ph.D., Esq./	Registration No. (Attorney/Agent)	55,289
Telephone	(617) 517-5580		
Name (Print/Type)	Melissa Hunter-Ensor, Ph.D., Esq.	Date	June 7, 2010